

Disclosure Report Cover

Amendment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Use this form for general report and committee information, must be signed and submitted along with other detailed forms

Do not use this form to update information

1. Committee Information			
a. Full Name <i>Brown for City Council</i>		c. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>605 Jackson St. Durham, N.C. 27701</i>		d. Date Filed <i>7/31/08</i>	
		e. Phone Number <i>(919) 682-4403</i>	
2. Report Year	3. Period Start Date (month/day)	4. Period End Date (month/day)	5. Treasurer Full Name
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund		State/County	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name	
11. Account Information			
a. Financial Institution Full Name		c. Account Code	
b. Purpose <i>RECEIVED</i> <i>JUL 31 2008</i> <i>IN PERSON</i>		d. Period Begin Balance <i>\$ 376.76</i>	
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other undisclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections			
<i>Eugene A Brown</i> Printed Name of Signer		<i>Eugene A Brown</i> Signature of Appointed Treasurer	
		<i>July 31, 08</i> Date	
FOR OFFICE USE ONLY			
Date Received:	<i>7/31/08</i>	Employee:	<i>MP</i>
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	
		Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training	
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number
BROWN For City Council		Mid Year Semi	
Start of Election Cycle: January 1, 2008		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$	\$ 376.76
5) Aggregated Contributions from Individuals (CRO-1205)		\$	\$ 150
6) Contributions from Individuals (CRO-1210)		\$	\$ 102.00
7) Contributions from Political Party Committees (CRO-1220)		\$	\$
8) Contributions from Other Political Committees (CRO-1230)		\$	\$
9) Loan Proceeds (CRO-1410)		\$	\$
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$	\$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$	\$
11c) Outside Sources of Income (CRO-1250)		\$	\$
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)		\$	\$ 100.00
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$	\$ 339.90
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$	\$
13c) Coordinated Party Expenditures (CRO-1310)		\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)		\$	\$
15) Loan Repayments (CRO-1420)		\$	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$	\$
17) In-Kind Contributions (CRO-1510)		\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 17)		\$	\$ 136.86
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$	
23) Debts and Obligations owed to the Committee (CRO-1710)		\$	
24) Account Transfers Within the Committee (CRO-1720)		\$	
25) Administrative Support (CRO-1710)		\$	\$
26) Forgiven Loans (CRO-1440)		\$	\$
27) 48-Hour Notice Reports Sum		\$	\$
28) In-Kind Contributions to be Refunded (CRO-1215)		\$	\$

Contributions from Individuals

Pg

of

Amendment

☐ Yes ☒ No

No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Candidate Full Name (Print Name if Applicable)		2. ID Number
Brown For City Council		

a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession	d. Comments
Bill Olive 524 Mt. Sinai Rd. Durham, NC 27705		Attorney	
		c. Employer's Name/Specific Field	
		Retired	
		e. Election Start to Date	
			\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	
		e. Election Start to Date	
			\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	
		e. Election Start to Date	
			\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

Total for this Page					\$ 100.00
Total of ALL CRO-1205-10 Pages					\$ 100.00

Disbursements

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Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Use this form to report expenditures from the committee for: operating expenses, contributions to candidate/political committees and coordinated party expenditures

<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		c. Comments	
Mandy Van Dusen 2226 Meade Lane Durham, NC 27707		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Election Sum to Date \$	
e. Account Code	f. Form of Payment	g. Purpose Code	h. Date (mm/dd/yyyy)	i. Amount	j. Required Remarks
	check	D	01/04/08	\$ 239.90	Computer Work
				\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		c. Comments	
Carolyn Tall 1006 Monmouth Durham NC 27701		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Election Sum to Date \$	
e. Account Code	f. Form of Payment	g. Purpose Code	h. Date (mm/dd/yyyy)	i. Amount	j. Required Remarks
	check	D	05/15/08	\$ 100.00	Computer work
				\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		c. Comments	
<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 31 2008 IN PERSON </div>		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Election Sum to Date \$	
e. Account Code	f. Form of Payment	g. Purpose Code	h. Date (mm/dd/yyyy)	i. Amount	j. Required Remarks
				\$	
				\$	
Total of all disbursements:					\$ 339.90
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 339.90
Legend: A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I* - Postage J - Penalties K* - Office Expenses O* - Other					